## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless used indicated unless varieties delivers will be indicated unless will be indicated unless will be indicated unless varieties and indicated unless will be indicated unless of the properties of the maintenance fee notifications

D. Benjamin Borson, Ph.D. Borson Law Group, PC 1320 Willow Pass Rd., Suite 490 Concord, California 94520-5232

APPLN. TYPE



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Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

D. Benjamin Borson, Ph.D.	(Depositor's name)		
	(Signature)		
December 26, 2008	(Date)		

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/549.951 March 1, 2006 Paul William Richard Harris NRNZ-01048US1 1343 TITLE OF INVENTION:

Neuroprotective Macrocyclic Compounds and Methods for Their Use

ISSUE FEE

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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence				(1) the na	sting on the patent front page, li mes of up to 3 registered pater OR, alternatively,		s I Bors	on Law Gro	
Address form PTO/SB/122) attached.  Tree Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

SMALL ENTITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PUBLICATION FEE

Neuren Pharmaceuticals Limited Auckland, New Zealand

Please check the appropriate assignee category or categories (will not be printed on the patent):	☐ Individual

4a. The following fee(s) are enclosed: 4b. Payment of Fcc(s): Issue Fee A check in the amount of the fee(s) is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order - # of Copies \_ Deposit Account Number

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature A, Suipui / Sm	Date December 26, 2008
Typed or printed name D. Benjamin Borson, Ph.D.	Registration No. 42,349

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